

HAND DELIVERED

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JUL 15 PM 2:20
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT T Example: If typing, type over the lines.

12FE4M5 **FEC MAIL CENTER**

International Chiropractors Association Political Action Committee

ADDRESS (number and street)

6400 Arlington Boulevard

Suite 800



Check if different than previously reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER T

CITY 1

STATE 1

ZIP CODE 1

C 00329920

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the
State of

MM / DD /

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the
State of

MM / DD /

5. Covering Period

MM / DD /

MM / DD /

2014

through

MM / DD /

MM / DD /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M. Hendrickson, Assistant Treasurer

Signature of Treasurer

Ronald M. Hendrickson

Date

MM / DD /

MM / DD /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | |
|--|-----------|
| 6. (a) Cash on Hand January 1, 2014 | 38,861.65 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 39,305.38 |
| (c) Total Receipts (from Line 19)..... | 1,020.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 40,325.65 |
| 7. Total Disbursements (from Line 31)..... | 5,739.12 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 36,492.53 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

1,020.00

1,020.00

1,020.00

1,020.00

1,020.00

3,370.00

3,370.00

3,370.00

3,370.00

3,370.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | 3,833.12 | 4,739.12 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3,833.12 | 4,739.12 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 1,000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 3,833.12 | 5,730.12 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 3,833.12 | 5,739.12 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1,020.00 | 3,370.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1,020.00 | 3,370.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 3,833.12 | 4,739.12 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 3,833.12 | 4,739.12 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

| | |
|---|---|
| <p>A. PNC Bank</p> <p>Mailing Address 402 West Broad Street</p> <p>City Falls Church State VA Zip Code 22042</p> <p>Purpose of Disbursement bank fee/operating expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration</p> <p>State: District:</p> | <p>Date of Disbursement MM / DD / YYYY 04 / 07 / 2014</p> <p>Amount of Each Disbursement this Period 3.00</p> |
| <p>B. PNC Bank</p> <p>Mailing Address 402 West Broad Street</p> <p>City Falls Church State VA Zip Code 22042</p> <p>Purpose of Disbursement bank fee/operating expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration</p> <p>State: District:</p> | <p>Date of Disbursement MM / DD / YYYY 05 / 07 / 2014</p> <p>Amount of Each Disbursement this Period 3.00</p> |
| <p>C. PNC Bank</p> <p>Mailing Address 402 West Broad Street</p> <p>City Falls Church State VA Zip Code 22042</p> <p>Purpose of Disbursement bank fee/operating expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration</p> <p>State: District:</p> | <p>Date of Disbursement MM / DD / YYYY 06 / 07 / 2014</p> <p>Amount of Each Disbursement this Period 3.00</p> |
| <p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p> | |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☒ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. International Chiropractors Association

Date of Disbursement

M M / D D / Y Y Y Y

04 04 2014

Mailing Address

6400 Arlington Boulevard Suite 800

City

State

Zip Code

Falls Church

VA

22042

Purpose of Disbursement

software reimbursement

Candidate Name

Amount of Each Disbursement this Period

2,000.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) T

operating expense

State:

District:

Full Name (Last, First, Middle Initial)

B. US Postal Service

Date of Disbursement

M M / D D / Y Y Y Y

04 11 2014

Mailing Address

800 West Broad Street

City

State

Zip Code

Falls Church

VA

22042

Purpose of Disbursement

postage for member mailing

Candidate Name

Amount of Each Disbursement this Period

124.12

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) T

operating expense

State:

District:

Full Name (Last, First, Middle Initial)

C. International Chiropractors Association

Date of Disbursement

M M / D D / Y Y Y Y

06 06 2014

Mailing Address

6400 Arlington Boulevard Suite 800

City

State

Zip Code

Falls Church

VA

22042

Purpose of Disbursement

software expense reimbursement

Candidate Name

Amount of Each Disbursement this Period

1,700.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) T

operating expense

State:

District:


SUBTOTAL of Disbursements This Page (optional).....

3,824.12

TOTAL This Period (last page this line number only).....

3,833.12

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|-----------------------------------|
| <input checked="checked" type="checkbox"/> Hand Delivered | Date of Receipt 7/15/14 |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 7/15/14 DATE PREPARED |